

AUTHORIZATION FOR PAYROLL DEDUCTION

ORIGINAL: PAYROLL

CIRCLE APPROPRIATE NUMBER AND
ENTER AMOUNT IF APPLICABLE.

DEPT. #	EMPL. #	SS #	LAST NAME	FIRST	M.I.
		XXXX - XX -			
CODE		DESCRIPTION	CYCLE	AMOUNT/PCT	
NCAFE	CAFE				
	0001	TEXAS MUNICIPAL RETIREMENT SYSTEM	1 2 3		
1642		VEHICLE	1 2 3		
1649		SAFETY SHOES	1 2 3		
1661		UNIFORMS	1 2 3		
2665		UNUM LIFE INSURANCE	1 2		
	7685	NATIONWIDE/PEBSCO (DEFERRED COMPENSATION)	1 2 3		
7688		ROTH IRA (OPPENHEIMER)	1 2 3		
7689		EDUCATION IRA (OPENHEIMER)	1 2 3		
	7695	VALIC (DEFERRED COMPENSATION)	1 2 3		
8697	8133	AFLAC INSURANCE	1 2 3		
8700		PASADENA PUBLIC SAFETY ASSOCIATION (PPSA)	2		
8721		CAFE LIFE INSURANCE (OCCIDENTAL)	1 2 3		
8733		AMERICAN LIFE INSURANCE	1 2		
8745		AFSCME UNION DUES (CITY EMPLOYEES)	2		
8768		PASADENA MUNICIPAL FEDERAL CREDIT UNION	1 2 3		
8800		COALITION OF PADADENA POLICE (COPP)	1		
8804		U.S. SAVINGS BONDS	1 2		
8816		SUPPLEMENT INSURANCE (MCCLAIN)	2		
8830		NATIONAL LATINO PEACE OFFICER'S ASSOCIATION	1		
8833		CLEAT	1		
8835		POLICE & FIREFIGHTERS ASSOCIATION	1 2 3		
FREQ CODES 1 - 1st Payroll Cycle, 2 - 2nd Payroll Cycle; 3 - 3rd payroll Cycle			TOTAL		
I hereby authorize the City Controller to deduct the above amount(s) from my pay. SIGN HERE IF STARTING OR CHANGING			I hereby request a cancellation of the above deduction(s) from my pay. (NO CAFETERIA DEDUCTIONS CAN BE CANCELLED DURING THE YEAR) SIGN HERE IF STOPPING		
Period Beginning: ASAP			Period Beginning: _____		
Signed: _____			Signed: _____		
Date: _____			Date: _____		